

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573, 734

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52	1					
3		2					53		1				
4	1						54		1				
5		1					55		1				
6		2					56	1					
7		2					57		1				
8		1					58		1				
9		0					59		1				
10		2					60	1					
11		1					61		1				
12		2					62		1				
13	1						63	<del>1</del>	<del>1</del>				
14	1						64	1					
15		1					65	1					
16							66	1					
17	1						67	1					
18		1					68	1					
19		2					69	1					
20		3					70	1					
21		2					71		1				
22		0					72						
23		5					73						
24		4					74						
25	1						75						
26		1					76						
27		2					77						
28	1						78						
29		1					79						
30		2					80						
31		2					81						
32		1					82						
33		0					83						
34		2					84						
35		1					85						
36		2					86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43		1					93						
44		2					94						
45	1						95						
46		1					96						
47		2					97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	12	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	11	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	23					